

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/587293

AFFILIANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		
102				/		
103				/		
104				/		
105				/		
106				/		
107				/		
108				/		
109				/		
110				/		
111				/		
112				/		
113				/		
114				/		
115				/		
116				/		
117				/		
118				/		
119				/		
120				/		
121				/		
122				/		
123				/		
124				/		
125				/		
126				/		
127				/		
128				/		
129				/		
130				/		
131				/		
137				/		
133				/		
134				/		
135				/		
136				/		
137				/		
138				/		
139				/		
140				/		
141				/		
142				/		
143				/		
144				/		
145				/		
146				/		
147				/		
148				/		
149				/		
150				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		
152				/		
153				/		
154				/		
155				/		
156				/		
157				/		
158				/		
159				/		
160				/		
161				/		
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179				/		
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188				/		
189				/		
190				/		
191				/		
192				/		
193				/		
194				/		
195				/		
196				/		
197				/		
198				/		
199				/		
200				/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	80	←		←
TOTAL CLAIMS			83			